

PLACE OF BIRTH

1. County of Kila
 District of Goeh
 Town of _____
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131
 County Registrar No. _____
 Local Registrar No. _____

2. Full name of child Marie Hilde (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 5. No. in order of birth _____ 6. Legitimate? yes 7. Date of birth 3 4 26
 Month Day Year

8. FATHER
 Full name Charles Hilde

11. MOTHER
 Full maiden name Dora Celgo

9. Residence (Usual place of abode) Goeh Ariz
 If non-resident, give place and state.

15. Residence (Usual place of abode) Goeh Ariz
 If non-resident, give place and state.

10. Color or race Indian 11. Age at last birthday 52 (Years)

16. Color or race Indian 17. Age at last birthday 35 (Years)

12. Birthplace (city or place) San Carlos
 (State or country) Ariz

18. Birthplace (city or place) San Carlos
 (State or country) Ariz

13. Occupation Common Laborer
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (b) Born alive but now dead 8
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P m. on the date above stated
 (Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature P. H. Sanchez
 Address San Carlos Ariz
 (Physician or midwife).

Given name added from a supplemental report _____ Filed _____, 19____
 Month, day, year

Registrar

Filed _____, 19____

Local Registrar.

County Registrar.

665-304-436